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28075 7590 06/22/2007

**CROMPTON, SEAGER & TUFTE, LLC**  
**1221 NICOLLET AVENUE**  
**SUITE 800**  
**MINNEAPOLIS, MN 55403-2420**

**CERTIFICATE FOR ELECTRONIC TRANSMISSION**  
 I hereby certified that this Fee Transmittal is being electronically transmitted to the U.S. Patent and Trademark Office on the date indicated below.

<b>Kathleen L. Boekley</b>	(Depositor's name)
<i>Kathleen L. Boekley</i>	(Signature)
<b>September 19, 2007</b>	(Date)

<b>APPLICATION NO.</b>	<b>FILING DATE</b>	<b>FIRST NAMED INVENTOR</b>	<b>ATTORNEY DOCKET NO.</b>	<b>CONFIRMATION NO.</b>
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10/050,476 01/15/2002 Lixiao Wang

1001.1445101

6164

**TITLE OF INVENTION: BONDS BETWEEN METALS AND POLYMERS FOR MEDICAL DEVICES**

<b>APPLN. TYPE</b>	<b>SMALL ENTITY</b>	<b>ISSUE FEE DUE</b>	<b>PUBLICATION FEE DUE</b>	<b>PREV. PAID ISSUE FEE</b>	<b>TOTAL FEE(S) DUE</b>	<b>DATE DUE</b>
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/24/2007

<b>EXAMINER</b>	<b>ART UNIT</b>	<b>CLASS-SUBCLASS</b>
GILBERT, ANDREW M	3767	604-523000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form: PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **CROMPTON, SEAGER &**  
 2 **TUFTE, LLC**  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Boston Scientific Scimed, Inc.**

**Maple Grove, Minnesota**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies **one (1)**

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☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-0413** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name **David M. Crompton**

Registration No.

**36,772**

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